

**Employee Request for Family  
Or Medical Leave**

Employee Name \_\_\_\_\_

Today's Date \_\_\_\_\_

Employee Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Does your Spouse work for this company? \_\_\_ Yes \_\_\_ No

Reason for taking leave: (check one)

\_\_\_ The birth of my newborn child or placement of a child with me for adoption or foster care.

\_\_\_ To care for my spouse, child, or parent who has a serious health condition.

\_\_\_ My own serious health condition that makes me unable to perform at least one of the essential functions of my Job.

\_\_\_ To care for my spouse, son, daughter, parent or next of kin who is a covered service member with a serious injury Or illness.

**Please complete the following section if leave will be taken continually for the entire period.**

Date when leave will start \_\_\_\_\_

Date when I will return to work \_\_\_\_\_

**Please complete the following if leave will be taken intermittently.**

**Schedule of needed time off:**

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Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor signature \_\_\_\_\_ Date \_\_\_\_\_

Department Head Signature \_\_\_\_\_ Date \_\_\_\_\_

*NOTE: You must seek approval for intermittent or reduced-schedule leave for the birth or placement of a child for adoption or foster care.*